



Insurance Certificate

Group insurance policy No. 18835 established by Humania Assurance Inc. and covering the subscribers to a registered education savings plan of the Kaleido Foundation.

This certificate confirms that the plan member indicated below is covered by the group insurance policy No. 18835 established by Humania Assurance Inc., which is for the subscribers to a registered education savings plan of the Kaleido Foundation. This insurance is subject to the conditions stipulated in the insurance policy No. 18835.

The present insurance covers the outstanding contributions that would remain payable in relation to the subscribed *Scholarship Plan Agreement* in the event of the plan member's death or disability.

Should the plan member die or become totally and permanently disabled before he or she finishes paying the contributions under the plan, the remaining payments will be covered by Humania Assurance and paid directly to Kaleido Growth Inc. The total amount payable may not exceed \$60,000 regardless of the number of plans in the subscriber's name.

PLEASE PRINT IN CAPITAL LETTERS

First and last name of the plan member: _____

Plan member's address: _____

Date of birth: | Y | Y | Y | Y | M | M | D | D |

Applicable insurance code(s):

71

UNIVERSITAS (0-9)

72

UNIVERSITAS (10-15)

73

REFLEX (0-9)

74

REFLEX (10-15)

Effective date of insurance: | Y | Y | Y | Y | M | M | D | D |

(corresponds to the signature date of the *Account Opening Form*, subject to payment of the first premium)